

Gas-Parish Summary Return (G1-s)

Louisiana Department of Revenue P.O. Box 201 Baton Rouge, Louisiana 70821-0201 (225) 219-7656 (225) 219-2114 (TDD)

| FOR | OFFICE | LISE | ONLY |
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| Taxable |
|---------|
| period |

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|---|--|
| | Account ID (10 digit BMF #) |
| | |
| | Name |
| | Address 1 |
| | Address 2 |
| | Address 3 |
| | |
| | Reporting Company ID (5 digit Severance #) |

If your address has

changed, mark circle.

O If amended return,

mark circle.

If final return,

mark circle.

| | Summary | Tax Rate Code | Tax rate per MCF | Total Taxable MCF | Tax Amount Due | |
|---|--|---------------------|---------------------|-------------------|----------------|--|
| 1 | Full rate – capable gas | 1 | See instructions | | \$ | |
| 2 | Incapable rate – oil well gas | 2 | \$ 0.03 | | \$ | |
| 3 | Incapable rate – gas well gas | 3 | \$ 0.013 | | \$ | |
| 4 | Approved contracts at less than \$0.52 per MCF | 7 | \$ 0.07 | | \$ | |
| Produced Water Injection Incentive – Approved Projects Only | | | | | | |
| 5 | Produced water – Full rate | 1P | See instructions | | \$ | |
| 6 | Produced water – incapable rate-oil well gas | 2P | \$ 0.024 | | \$ | |
| 7 | Produced water – incapable rate-gas well gas | 3P | \$ 0.0104 | | \$ | |
| | | | | | | |
| 8 | Penalty and Interest | 6 | | | \$ | |
| 9 | GRAND TOTAL | | | | \$ | |

If your name has

changed, mark circle.

| Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be | | | | |
|---|---------------------------|-------------------|--|----------------------------------|
| | hich he has any knowledge | | ayer, his declaration is based on all the information relation | ig to the matters required to be |
| Date | Signature | | Signature of preparer other than taxpayer | Preparer ID |
| | | | | |
| This return is due on or before the 25th day of the second month following the taxable period and becomes delinquent on the first day thereafter. If the due date falls on a weekend or holiday, the return is due the next business day and becomes delinquent the first day thereafter. See special instructions for additional filing requirements for taxpayers with liabilities equal to or in excess of \$15,000. | | | | |
| Complete only if change in business status has occurred. Please print or type. | | | | |
| Date business discontinued | Date business sold | Name of purchaser | | |
| | | | | |



| Account ID (10 digit BMF #) | |
|-----------------------------|--|
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| Parish Code | Parish Name | Tax Rate Code | Net Taxable MCF | Total Amount Due |
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